PATENT APPLICATION FEE DETERMINATION RECO									Application or Docket Number				
Effective October 1, 2003								10-748-211					
ŀ	CLAIMS AS FILED - PART I							SMALL	ENTITY			R THAN	
(Column 1) (Column 2)							1			OR		ENTITY	
			114_	<u> </u>			RATE		FEE]	RATE	FEE.	
۴	OR	MUMBE	NUMBER FILED		IMBER EXTRA		BASIC F	EE 385.0	OR	BASIC FE	770.00		
1	OTAL CHARGE	14 1	minus 20=		0		X\$ 9-		OR	X\$18=			
_	DEPENDENT		ninus 3 =		U		X43=		OR	X86=	:		
M	ULTIPLE DEP	ENDENT CLAIM I	PRESENT	RESENT				+145=		7			
• 1	* If the difference in column 1 is less than zero, enter "0" in column 2									OR	+290=		
CLAIMS AS AMENDED - PART II								TOTAL	· L	_IOR	TOTAL	70	
	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL	THAN ENTITY	
AMENDMENT A	5/3/06	CLAIMS REMAINING AFTER		HIGHI NUME PREVIO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL]	RATE	ADDI- TIONAL	
	Total	AMENDMENT	16	PAID F			lł		FEE	1 1		FEE	
	Independent	1.77	Minus Minus	- 2	<u>v</u>			X\$ 9=		OR	X\$18=		
₹	PRIST PRESENTATION OF MULTIPLE DEPENDENT OF			CI AIM			X43=		OR	X86=			
	The state of the s						' [+145=		OR	+290=		
								TOTAL		OR	YOTAL NODIT, FEE		
	(Column 1) (Column 2) (Column 3)								·	3	ADDII. FEE		
AMENDMENT B	10/10/06	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PRÉVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
2	Total	· /\	Minus	- 2	9	-0		X\$ 9=		OR	X\$18=		
AME	Independent	entation of MI	Minus ULTIPLE DE	PENDENT O	MIA C	• /		X43=		OR	X86=		
								+145=		OR	+290=		
							AI	TOTAL DOTT, FEE		OR A	TOTAL DOIT, FEE		
		(Column 1)		(Columi		(Column 3)		•					
AMENDMENTC		CLAIMS REMAINING AFTER AMENOMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	•		=	Γ	X\$ 9=		OR	X\$18=		
	Independent	•	Minus '	***		=	┢	X43=		-	—	——	
۲	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	V493		OR	X86=		
·										OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3. *** ADDIT. FEE													
T	he "Kighest Num	mber Previously Paid ther Previously Paid	o ror in THI For" (Total or	o SPACE is to Independent	in the	is, enter "3." highest number		_	ropriate box				
				•				•					